



**Policy:** 4200  
**Procedure:** 4200.04  
**Chapter:** Mental Health  
**Rule:** Mental Health Classification

**Effective:** 11/20/06  
**Replaces:** 4203.02  
**Dated:** 08/14/06

### **Purpose:**

The Arizona Department of Juvenile Corrections (ADJC) Division of Programs and Institutions shall make certain that there is appropriate mental health classification of juveniles to ensure the provision of appropriate, timely, and culturally competent mental health services for juveniles in its care.

### **Rules:**

1. **ADJC PERSONNEL** shall screen all juveniles to determine the need for behavioral health services.
  - a. The **RECEPTION, ASSESSMENT, AND CLASSIFICATION (RAC) PSYCHOLOGIST** or designee shall screen and determine if an incoming juvenile displays symptoms and behaviors most consistent with an emotional disturbance, mental illness, or behavioral disturbance, as indicated by any of the following, but not limited to:
    - i. Suicidal thoughts/behavior and/or self-injurious behavior;
    - ii. Psychotic and/or delusional thinking;
    - iii. Significant mood disturbance;
    - iv. Significant problems with anxiety and fears;
    - v. Significant trauma history.
  - b. If a **PAROLE OFFICER** is aware of a returning juvenile (Parole Violator) who has a history of mental illness:
    - i. Upon the juvenile's arrival to a secure facility, the **PAROLE OFFICER** shall provide the Correctional Registered Nurse (CRN) and the RAC Psychologist with:
      - (1) The juvenile's community provider's name and contact number;
      - (2) Any available information regarding services rendered while in the community provider's care;
      - (3) Medication dosage including information on psychotropic medications, etc.;
    - ii. The **PAROLE OFFICER** shall notify the CRN and the RAC Psychologist if the returning juvenile (Parole Violator) has discontinued his/her psychotropic medication before re-admission to a secure facility;
    - iii. **THE RAC PSYCHOLOGIST** or designee shall ensure the juvenile's mental health needs are appropriately classified with recommendations for service referral.
2. The **QUALIFIED MENTAL HEALTH PROFESSIONAL (QMHP)** shall consistently observe, assess, and classify juveniles upon admission to ADJC, no later than day 14, then at day 120, and continue to do so every 90 days thereafter.
3. **THE QMHP** shall determine and assign a mental health classification based on severity and functional impairment as follows.
  - a. M1: Severely Mentally III:
    - i. These juveniles are diagnosed with a serious mental illness as defined by the DSM-IV-TR which includes disorders of thought, mood, or anxiety that substantially impairs judgment, capacity to recognize reality, or ability to cope with the usual demands of life;
    - ii. These juveniles would more than likely have a formal Axis I, DSM-IV-TR disorder (i.e., Schizophrenia, Psychotic Disorders, Dissociative Identity Disorder, Bipolar Disorder, Major Depression, Obsessive Compulsive Disorder, Mental Disorders due to General Medical Conditions, etc.);

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- iii. These juveniles require a DSM-IV-TR diagnosis and a mental health treatment plan.
  - b. M2: Severely Emotionally Impaired:
    - i. These juveniles do not meet the criteria for serious mental illness, yet their emotional problems, adjustment, and daily functioning may be compromised due to their functional impairments;
    - ii. If a DSM-IV-TR diagnosis is present, the disorder would more than likely be of moderate severity (i.e., Dysthymic, Generalized Anxiety Disorder, Phobias, PTSD, etc);
    - iii. These juveniles require a mental health treatment plan and intervention by a QMHP.
  - c. M3: Adjustment and Behavioral Issues:
    - i. These juveniles do not currently meet the criteria for serious mental illness or severe emotional impairment, yet have the capacity to meet the criteria;
    - ii. These juveniles may have a significant history of suicidal gestures and other self-injurious behaviors;
    - iii. If a DSM-IV-TR disorder is present, the disorder would more than likely be of low severity (i.e. Adjustment Disorder with Depressed Mood, Adjustment Disorder with Anxiety features, Oppositional Defiant Disorder, Impulse Control Disorder, etc.);
    - iv. These juveniles are capable of satisfactory adjustment and functioning;
    - v. These juveniles require a mental health treatment plan, intervention, and consultation by a QMHP.
  - d. COD: Co-Occurring Mental Health and Substance Abuse Disorders:
    - i. Juveniles who are classified as M1 or M2, as specified above, and meet the criteria for substance abuse and/or substance dependence, as identified in the DSM-IV-TR, shall receive a COD classification as well (i.e., M1/COD, M2/COD);
    - ii. These juveniles simultaneously experience significant mental health and substance abuse/dependence disorder. Once identified as COD, these juveniles shall be referred to the substance abuse treatment specialist for further referral, placement, and level of service.
- 4. The **QMHP** shall determine the level of mental health services based on the severity of need (mental health classification) and functional impairment as follows:
  - a. L1: Community-Based Mental Health Services:
    - i. These juveniles require community-based psychiatric services for stabilization and treatment in extreme situations that go beyond ADJC's capacity to manage them;
    - ii. These juveniles present the biggest challenge due to their high acuity level and functional impairment;
    - iii. When the needs of juveniles meet a higher level of severity, the **QMHP** may initiate a referral to an off-site mental health facility for crisis stabilization and/or acute mental health care in accordance with Procedure 4255.01 Civil Commitment Process to facilitate the transfer to a community-based psychiatric hospital;
    - iv. If the juvenile remains in an ADJC secure facility, the **QMHP** shall assess and provide crisis intervention services on a daily basis.
  - b. L2: Specialized Mental Health Services:
    - i. These juveniles require services due to their moderate acuity level and functional impairments;
    - ii. When the needs of these juveniles meet this level of severity, A **PSYCHOLOGIST OR CLINICAL SUPERVISOR** shall initiate a referral for specialized mental health services to address:
      - (1) The juvenile's safety;
      - (2) The juvenile's ability to effectively engage in treatment; and/or
      - (3) The juvenile's capacity to function effectively in important areas of daily living (e.g. school, work, interpersonal relationships, etc.);
    - iii. Upon stabilization:
      - (1) These juveniles can return to their referring unit, be released to a less restrictive community placement/setting, or remain on the unit during transition;

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- (2) These juveniles may require services from a community-based psychiatric hospital or mental health facility;
      - (3) These juveniles require services from a QMHP on an ongoing and routine basis;
      - (4) These juveniles shall require a mental health treatment plan that delineate treatment goals and objectives;
    - iv. When the needs of these juveniles meet this level of severity, A **QMHP** shall assign them to a mental health caseload;
    - v. The **QMHP** shall provide individual counseling for these juveniles on a weekly basis, minimally.
  - c. L3: Unit-Based Mental Health Services:
    - i. These juveniles require services due to their low acuity level, mental health needs and emotional needs;
    - ii. When the needs of these juveniles meet this level of severity, A **QMHP** shall assign them to a mental health caseload;
    - iii. The QMHP shall provide individual counseling for these juveniles on a bi-weekly basis, minimally;
    - iv. **FACILITY PSYCHOLOGIST OR CLINICAL SUPERVISOR** shall remove these juveniles from the mental health caseload upon stabilization and completion of their mental health treatment goals.
5. **THE RAC PSYCHOLOGIST** shall be responsible for ensuring that all juveniles admitted to ADJC are classified by day 14, minimally.
6. The **FACILITY PSYCHOLOGIST** shall be responsible for ensuring that all juveniles on the mental health caseload are re-classified at day 120 following their admission to ADJC and continuously every 90 days thereafter.

Effective Date:	Approved by Process Owner:	Review Date:	Reviewed By:
11/20/2006	Kellie M. Warren		